Section III
Community Selection

Method of Community Ranking

Outcome Domains

Massachusetts examined data from all available sources that contain information regarding maternal, infant, and early childhood health needs in the state including: vital statistics, survey/surveillance, programmatic, education, and public safety. This comprehensive array of demographic, socio-economic, behavioral, and health indicators have been selected based on alignment with the outcome domains listed in the Section 2951 of the Patient Protection and Affordable Care Act of 2010:

- Improvements in maternal and infant health
- Improvements in child health and development
- Improvements in child school readiness, including improvements in cognitive, language, social-emotional, and physical developmental indicators
- Prevention of child injuries and maltreatment
- Improvements in parenting skills
- Reductions in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in coordination of referrals for other community resources and supports

Initial indicators were chosen as specified in the Supplemental Information Request for the Submission of the Statewide Needs Assessment (Required Indicators). Selection of additional indicators has been informed from an inter-agency Task Force to provide a more comprehensive assessment of the needs of Massachusetts communities, including the unique characteristics of the Massachusetts maternal child health (MCH) population. The Task Force also recommended creating a ninth outcome domain, which accounts for vulnerable populations. Understanding vulnerable populations across the Commonwealth is critically important to assess the needs for maternal, infant and early childhood home visiting services and programs.

Definition of Community

The Commonwealth of Massachusetts is composed of 351 cities and towns. Each city and town has its own board of health responsible for providing (or assuring access to) a comprehensive set of services defined by state law and regulation. There is no regional or county public health system established by the state and no direct state funding for local health departments and boards of health, which are supported primarily by local property taxes.[1] Considering the composition of the state, most data in Massachusetts are collected and available on a city and town level. Due to the Commonwealth's governance structure, which places public health responsibility at city/town level, for the purposes of the Home Visiting Needs Assessment, Massachusetts defines community as each of the 351 cities and towns.

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[1] Massachusetts Public Health Regionalization Project. *Status Report.* September 1, 2009.
http://www.ct.gov/dph/lib/dph/government_relations/local_health_council/ma_regionalization_status_report_9-1-09.pdf

Data Indicators:

Appendix C provides a table of the Massachusetts data indicators used to inform the Needs Assessment mapped to each outcome domain. Data indicators include both the legislatively required indicators (highlighted) and additional Massachusetts-specific selected indicators available on either a city/town or statewide level.

Community Level Analyses

Indicator data were examined on a community level to gain information that was most relevant for the process of identifying home visiting service needs in Massachusetts. Data for each identified health indicator was stratified by geographic region using the 351 Massachusetts cities and towns. When necessary, data for multiple years were aggregated to produce the most stable community-level analyses (e.g., infant mortality rates). In some cases, indicator data were not available for a specific city or town, either due to unavailable data or to cell suppression because of small numbers. In these cases, that community was given the average score for the specific missing indicator. This ensured that cities and towns with no data or suppressed data did not skew results in either direction due to missing values. However, a limitation to this analysis is that it may overestimate the level of risk for cities and towns with suppressed data. Furthermore, indicators not required by the legislation with data missing in >50% of cells were excluded from community-level analysis due to unreliability. This exclusion criterion only applied to one indicator, childhood obesity, which was removed from the analysis. Another limitation to this methodology is that it also has the potential to mask disparities within the cities and towns.

When data were not available by city/town level (e.g., school drop-out rates, which were analyzed by school district), the available subunits were mapped to the city/towns that best represented that area. Data that were only provided on a statewide basis (e.g., Maternal Mortality Ratio) were still used to inform the Home Visiting Needs Assessment but since they could not be stratified into smaller subunits, they were not used to determine cities and towns at risk.

The indicators included in the analysis by city and towns were grouped according to which home visiting outcome domain they corresponded to most closely. While the analysis considered each indicator individually, the alignment with outcome domains will be critical in the next steps of the process when Home Visiting services and programs are selected.

Scoring and Ranking of Indicator, Domain, and Overall Risk

The cities and towns were rank ordered from highest to lowest risk on each identified indicator. To standardize the rank ordering process so that scores could be evaluated across all outcome domains, Massachusetts has employed a process-based methodology previously used by MDPH in conducting a community needs assessment.[2] For each indicator, ranking intervals were constructed by dividing the magnitude of the range of values into 100 equal categories, with 1 denoting the highest risk/poorest outcome and 100 representing the lowest risk/best outcome in the Commonwealth. Communities that fell into the lowest category were assigned a rank value of 1 (the highest risk) and communities that fell into the highest category were assigned a rank value of 100 (the lowest risk). Other communities were then ranked accordingly based on their positions on the respective categories for each indicator.

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[2] Personal Communication with Dr. Marlene Anderka, Massachusetts Department of Public Health (August, 2010).

It is of note that some of the outcome domains had more indicators than others and, as such, were more heavily represented in the composite score. Indicators used in this analysis were selected with the knowledge that they would all contribute equally to the composite risk score and represent the priorities of the Commonwealth. Indicators with missing data were given the average value of that indicator to not skew cities and towns with missing data in either direction.

Each community received a composite score, which summed each of the selected standardized indicators across the outcome domains. To assess priority areas for the Commonwealth, an analysis was performed on all of the community composite scores. First, the range of the 351 scores was calculated and then stratified into five equal sub-groups. Communities were then placed into one of the five sub-groups of the calculated range depending on their individual overall score. Cities and towns in the lower composite score ranges were considered the communities at highest risk while those in the higher score ranges had the best outcomes. For the purposes of identifying high need communities in the Commonwealth, the cities and towns falling in the bottom two score ranges of overall distribution were considered at highest risk and were profiled in further detail to determine needs and assets for Home Visiting services and programs. Data also were mapped to visually demonstrate geographic regions with the greatest need. (Figure III.3)

Community Clustering and Statewide Analyses
The 18 highest risk cities and towns in Massachusetts were then grouped into seven regions, based on geography, proximity to other high risk communities, and previous state categorizations. These regions included the Berkshires, Western Massachusetts; Hampden County; Central Massachusetts; Northeastern Massachusetts; Northshore; Southeastern Massachusetts; and Boston. The size and spread of clustering varied as some were in the same county and others were more dispersed. This clustering analysis provides context and insight on needs, capacity, programming delivery, and assets on a larger scale.
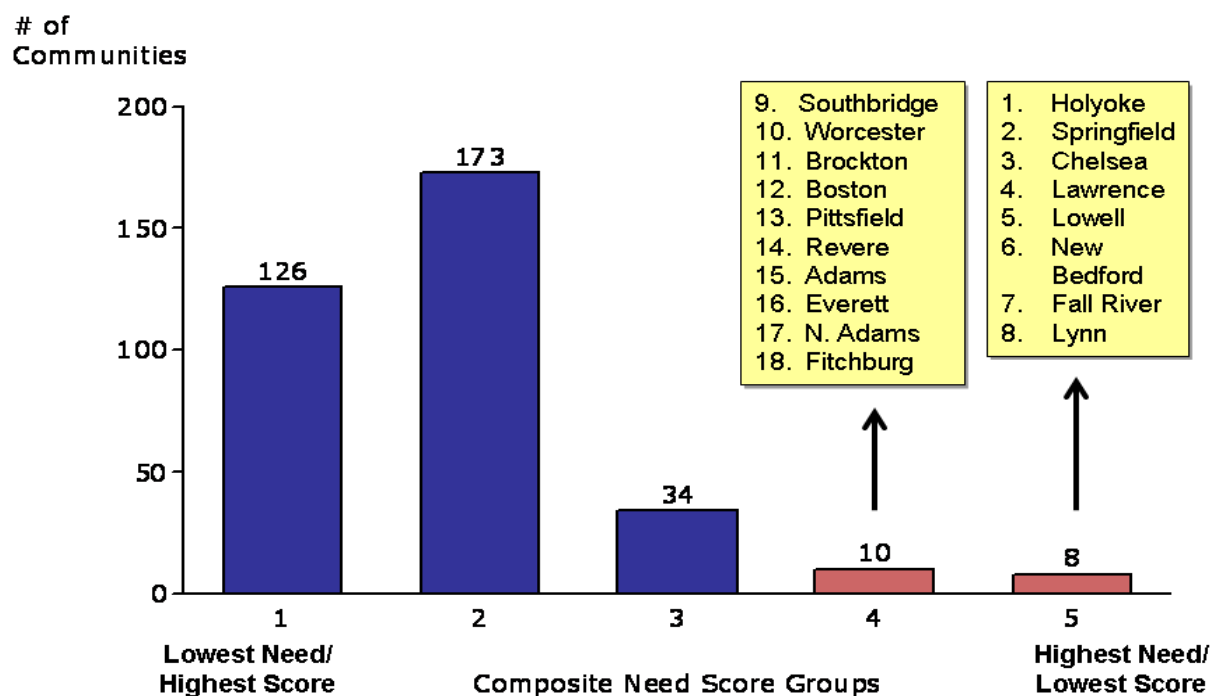
Implications
Results from the community ranking system will be combined with results from the clustering and statewide analyses to examine regional disparities in the selected outcome domains and identify Massachusetts regions and sub-populations with the greatest need. Information on existing home visiting services in Massachusetts will be applied to these findings in order to identify the underserved high-risk communities and populations which stand to benefit most from new or expanded home visiting programs.

Identified Most At-Risk Communities

Distribution Graph of Community Needs

Figure III.1 Composite Need Score for All 351 MA Cities/Towns
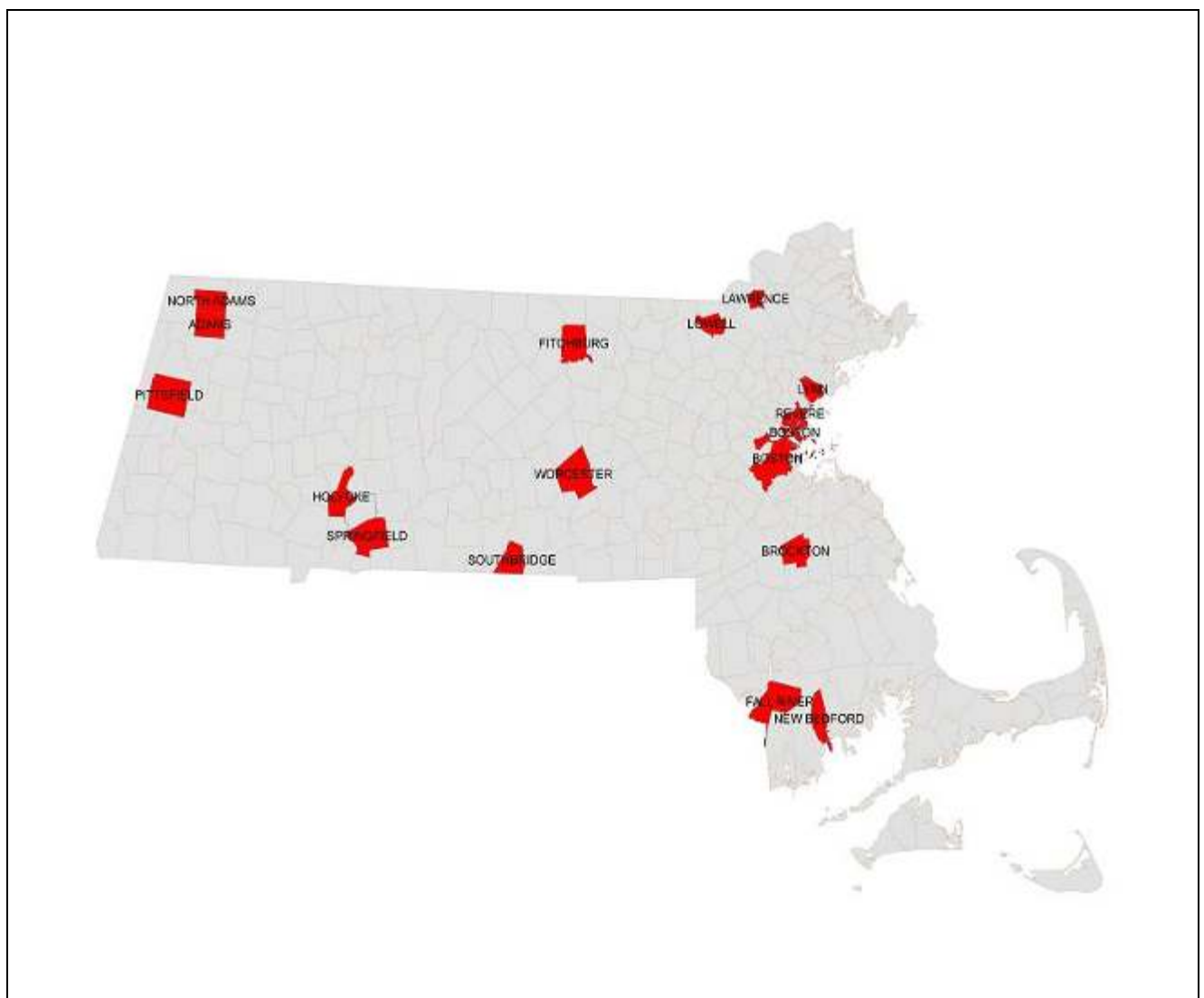

Figure III.2 List of Most At-Risk Communities

1	Holyoke
2	Springfield
3	Chelsea
4	Lawrence
5	Lowell
6	New Bedford
7	Fall River
8	Lynn
9	Southbridge

10	Worcester
11	Brockton
12	Boston
13	Pittsfield
14	Revere
15	Adams
16	Everett
17	North Adams
18	Fitchburg

Figure III.3 Map of Top 18 Most At-Risk Communities

Community Profiles

Introduction
The following section profiles the top 18 most at-risk communities (cities/towns) within the Commonwealth of Massachusetts. Based required and selected indicators and domains each profile will highlight those particular indicators of most concern or need.

Northern Berkshire County, Western Massachusetts
Bordering the states of New York, Vermont and Connecticut, Berkshire County, comprised of 32 towns, is the western most county in Massachusetts. It is known as a seasonal cultural hub for music, art, and theater. Despite an influx in population during the summer months, Berkshire County is a rural, predominately white community with low population density, high rates of poverty, and limited access to community-based resources. Three towns in the northern quadrant of Berkshire County rank within the top 18 at-risk Massachusetts communities. The three towns are **Pittsfield (13th), Adams (15th), and North Adams (17th)**.

Pittsfield (13th)
Pittsfield is the largest town in the region and is the geographic and commercial hub of the Berkshires. Pittsfield has a population of 43,949 and 90.8% of residents self identify as White.

Pittsfield has high levels of poverty:
- Per capita income is $20,549 / state average: $25,952
- 53.4% of women giving birth receive publically financed health care / state average: 33.1%
- 33% of children (0-11years) live in single parent households / state average: 21.6%

Health, education, and family well-being indicators are also poor in Pittsfield:
- Substance use disorder admissions rate is 4127.5 per 100,000 individuals / **2nd highest** in MA
- 34.1% of women receive less than adequate prenatal care / **3rd highest** in MA
- 25.6% of mothers report smoking during pregnancy/ **4th highest** rate in MA
- Public schools have been designated Level 3 Poor Performing Schools
- 18.4% of children (0- <3 years) have been enrolled in Early Intervention (EI)/ state average: 14.0%
- 66.8 per 1,000 children (0- <9 years) are victims of substantiated child maltreatment / **3rd highest** in MA
- 699.6 reported offenses of violent crime per 100,000 / state average: 449 per 100,000
- 18374.9 per 100,000 children (0- <9 years) experience unintentional injuries / state average: 10132.4 per 100,000
- 69% of criminally incarcerated inmates are parents/ state average: 54%

* Sources: Please see Appendix C

Adams (15th)
Birth place of Susan B. Anthony, the town of Adams is a very small rural community of 8,456 individuals. Among Adams residents, 97.9% self identify as White and 17.4% are military veterans, compared to the state average of 11.5%.

Adams has high levels of poverty:
- Per capita income is $18,572 / state average: $25,952
- 10.3% of residents live below 100% FPL / state average: 9.3%
- 10.3% individuals are unemployed[3] / **highest** in MA
- 53.0% of women giving birth receive publically financed health care / state average: 33.1%

Adams has poor health, education, and family well-being outcomes:
- 29.7% of mothers report smoking during pregnancy / **3rd highest** in MA
- 41.7% of women do not plan on breastfeeding upon discharge from the hospital / state average: 20%
- Public schools have been designated Level 3 Poor Performing Schools
- 16.7% of children (0- <3 years) are enrolled in EI / state average: 14.0%
- 59.2 per 1,000 children (0 -<9 years) have substantiated reports of maltreatment / **5th highest** in MA

* Sources: Please see Appendix C

North Adams (17th)

North Adams, home to the world renowned MassMoCA (Massachusetts Museum of Contemporary Art), the largest modern art museum in the United States, is one of the cultural and recreational hubs of the Berkshires. North Adams has a population of 14,031 and 93.9% of residents self identify as White.

North Adams has high levels of poverty:
- Per capital income is $16,381/ state average: $25,952
- 62% of women giving birth receive publically financed health care / state average: 33.1%
- 18.2% of residents live below 100%FPL / state average: 9.3%

Health, education and family well-being indicators are also poor in North Adams:
- 33.7% of mothers report smoking during pregnancy / **2nd highest** in MA
- 41.5% of women do not plan on breastfeeding upon discharge from the hospital / state average: 20%
- 17.7% of children (0- <3 years) are enrolled in EI / state average: 14.0%
- 74.3 per 1,000 children (0- <9 years) have substantiated reports of maltreatment / **highest** in MA
- 21413.4 per 100,000 children (0- <9 years) experience unintentional injuries / **4th highest** in MA
- 41.2% of children (0-11 years) live in single parent households / state average: 21.6%
- 70% criminally incarcerated inmates are parents / state average: 54%

* Sources: Please see Appendix C

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[3] Unemployment numbers for cities/towns derived from most recent available data (May 2009-May 2010)

Figure III.4 Outcome Indicators in selected Berkshire County towns

	Pittsfield	Adams	North Adams	Statewide	Comments
Premature Birth[1] -% before 37 weeks	7.83	10.4	10.2	9.0	Reporting period : 2004-2008 aggregated
Low Birth Weight[2] -% live birth <2500 grams	8.9	10.6	8.6	7.9	Reporting period : 2004-2008 aggregated
Infant Mortality[3] - infant death per 1,000 live births	3.8	--	3.7	4.9	Reporting period : 2004-2008 aggregated
Poverty - % below 100% FPL[4]	11.4	10.3	18.2	9.3	Reporting Period: 2000 Census
Crime[5 & 6] -violent crime per 100,000 residents	699.6	478.8	616.8	449.0	Used violent crime per 100,000 vs. overall crime per 1,000, more pertinent to MA. Reporting period: 2008
- # juvenile crime arrests	--	--	--	--	Data available at statewide level only- See statewide section
Domestic Violence	8.1	8.1	8.9	5.5	Massachusetts used restraining orders as a proxy number. Data organized by District Courts. Pittsfield District Court & Northern Berkshire District Court (Adams & North Adams)
School Drop-out Rates[7] -% high school drop outs	3.9	3.6	5.9	2.9	Reporting period: 2008-2009 school year
Substance Abuse -prevalence rate: - binge alcohol past month -marijuana use past month -nonmedical use of prescription drugs past month -use of illicit drugs past month	--	--	--	--	Data available at statewide level only- See statewide section
Unemployment[9] - % unemployed	8.5	10.3	8.2	8.5	Reporting period: May 2010
Child Maltreatment[10] - Rate of substantiated maltreatment per 1,000 (0- <9 years)	66.8	59.2	74.3	19.5	Unduplicated counts of child with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1, 2009- May 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 97% Physical: 6% Sexual: 2%	Neglect: 97% Physical : 6% Sexual: 2%	Neglect: 97% Physical : 6% Sexual: 2%	Neglect: 92% Physical: 13% Sexual: 2%	Data reflective of Pittsfield Regional Office. Reporting period: 2008 (duplicate counts)

Hampden County, Western Massachusetts

Hampden County, comprised of 23 cities and towns, is located in the southwestern part of the Commonwealth, bordering the state of Connecticut. Home to a once thriving manufacturing industry and national attractions such as the Dr. Seuss National Memorial, the Basketball Hall of Fame and the Big E Agricultural Fair, Hampden County encompasses both urban cities and rural towns. Some of the county's cities and towns have high poverty rates, strained transportation systems, and limited access to resources. Two Hampden County communities rank within the top 18 at-risk communities in Massachusetts and include **Holyoke (1st)** and **Springfield (2nd).**

Holyoke (1st)

Holyoke, once home to a flourishing paper industry and strong economy, today has high levels of poverty, poor health and educational outcomes, and a substantial number of vulnerable families. Holyoke's population is 41,089.

Holyoke is an ethnically diverse city:
- 50.7% of residents self-identify as non-White / state average: 19.0%
- 50.9% of residents speak English as a second language / **3rd highest** in MA
- 23.3% of students have limited English proficiency / **4th highest** in MA

Holyoke has high levels of poverty:
- Per capita income is $15,913 / state average: $25,952
- 26.4% of residents live below 100% FPL / **highest** in MA
- 74.5% of women giving birth receive publically financed health care / **highest** in MA
- 47.4% of children (0-11 years) live in single parent households / **3rd highest** in MA

Health, education, and family well-being indicators are also poor in Holyoke:
- Infant mortality rate is 8.9 per 1,000 live births / state average: 4.9 per 1,000
- Rate of asthma and asthma-related hospitalizations is 277.5 per 100,000 individuals / state average: 158.5 per 100,000
- Public schools have been designated Level 4 Poor Performing Schools
- 23.8% of children (0- <3 years) are enrolled in Early Intervention / **3rd highest** in MA
- 9.8% of students in grades 9-12 drop out / **3rd highest** in MA
- Teen (15-19 years) birth rate is 95.7 per 1,000 live births / **highest** in MA
- 40.9% of infants are born to mothers with less than a high school education / **2nd highest** in MA
- 68.0% of criminally incarcerated inmates are parents / state average: 54%
- 56.6 per 1,000 children (0- <9 years) have substantiated reports of maltreatment / state average: 19.5 per 1,000
- Violent crime rate is 1135.4 per 100,000 individuals / **5th highest** in state

* Sources: Please see Appendix C

Springfield (2nd)

Springfield, the third largest city in Massachusetts with a population of 156,358, is an ethnically diverse city at considerable risk for poverty, unemployment, and poor health and school

outcomes. Over the years Springfield's economy has been progressively waning, due to the decline in manufacturing. This currently leaves Springfield the second poorest city in the state.

Springfield is an ethnically diverse city:
- 55.0% of residents self identify as non-White / state average: 19.0%
- 636 refugees/asylees have resettled in the city in the last five years / **5th highest** in MA

Springfield has high levels of poverty:
- Springfield's per capita income is $15,232 / state average: $25,952
- 71.5% of women giving birth receive publically financed health care / **4th highest** in MA
- 23.1% of residents live below 100% FPL / state average: 9.3%
- 47.8% of children (0-11 years) live in single parent households / **2nd highest** in MA

Health, education, and family well-being indicators are poor in Springfield:
- 27.9% of mothers receive less than adequate prenatal care / state average: 16.5%
- 10.5% of infants are born low birth weight / state average of 7.9%
- 11.3% of infants are born premature / state average: 9.0%
- Infant mortality rate is 9.0 per 1,000 live births / state average: 4.9 per 1,000
- Susbtance use disorder admissions rate is 3077.6 per 100,000 people / state average of 1621.6 per 100,000
- Rate of asthma or asthma-related hospitalizations is 257.7 per 100,000 individuals / state average: 158.5 per 100,000
- Public schools have been designated Level 4 Poor Performing Schools
- 9.6% of high school students drop out (grades 9-12) / **4th highest** in MA
- 19.9% of children (0-<3 years) are enrolled in EI / state average: 14.0%
- 58.8 per 1,000 children (0- <9 years) have substantiated reports of maltreatment / state average: 19.5 per 1,000
- Teen (15-19 years) birth rate is 73.7 per 1,000 live births / **4th highest** in MA
- 30.7% of infants are born to mothers with less than a high school education / **3rd highest** in MA
- Violent crime rate is 1254.9 reported offenses per 100,000 individuals / **3rd** highest in MA
- 68.0% of criminally incarcerated inmates are parents / state average: 54%

* Sources: Please see Appendix C

Figure III.5 Outcome Indicators in selected Hampden County cities

	Holyoke	Springfield	Statewide	Comments
Premature Birth[1] -% before 37 weeks)	8.2	11.3	9.0	Reporting period: 2004-2008 aggregated
Low Birth Weight[2] - % live birth <2500 grams	9.3	10.5	7.9	Reporting period: 2004-2008 aggregated
Infant Mortality[3] - infant deaths per 1,000 live births	8.9	9.0	4.9	Reporting period: 2004-2008 aggregated
Poverty -% below 100% FPL[4]	26.4	23.1	9.34	Reporting period: 2000 Census
Crime[5& 6]	1135.4	1254.9	449.0	Used violent crime per 100,000

	Holyoke	Springfield	Statewide	Comments
- violent crimes per 100,000 residents				vs. overall crime per 1,000, more pertinent to MA. Reporting period: 2008
Crime - # juvenile crime arrests	--	--	--	Data available at statewide level only- See statewide section
Domestic Violence	13.2	9.6	5.5	Massachusetts used restraining orders as a proxy number. Data organized by District Courts. (Holyoke & Springfield District Courts)
School Drop-out Rates[7] - % high school drop outs	9.8	9.6	2.9	Reporting period: 2008-2009 school year
Substance Abuse -prevalence rate: - binge alcohol past month -marijuana use past month -nonmedical use of prescription drugs past month -use of illicit drugs past month	--	--	--	Data available at statewide level only- See statewide section
Unemployment[9] - % unemployed	8.7	7.9	8.5	Reporting period: May 2009- May 2010
Child Maltreatment[10] - rate of substantiated reports per 1,000 (0- <9 years)	56.6	58.8	19.5	Unduplicated counts of children with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1 2009-May 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect:94 % Physical:9 % Sexual: 2%	Neglect: 93% Physical: 10% Sexual: 3%	Neglect: 92% Physical: 13% Sexual: 2%	Data Reflective of Springfield and Holyoke Regional Offices (duplicate counts)

Central Massachusetts

For the purposes of this needs assessment, the Central Massachusetts region is categorized as the middle region of Massachusetts bordering Connecticut on its southern border, Vermont and New Hampshire on its northern border, western Massachusetts on its western border, and the Boston Metro area on its eastern border. The cities and towns within this central Massachusetts region who rank within the top 18 at-risk cities/towns are **Southbridge (9th), Worcester (10th),** and **Fitchburg (18th)**. The Central Massachusetts region includes small rural communities such as Southbridge as well as larger more industrial cities like Fitchburg, and finally. It also includes ethnically diverse and urban communities such as Worcester.

Southbridge (9th)
Southbridge is a small town with a population of 17,503 and 27.6% of residents self identify as non-White. Southbridge, on the Connecticut border, has both a high proportion of poor families and poor performing schools. The community is also at high risk for poor health outcomes, particularly maternal mental health.

Southbridge has high levels of poverty:
- Per capita income is $18,514 / state average: $25,952
- 15.4% of residents live below 100% FPL / state average: 9.3%

Health, education, and family well-being indicators are also poor in Soutbridge:
- Infant mortality rate is 9.5 per 1,000 live births / state average: 4.9 per 1,000
- 10.2% of infants are low birth weight / **5th highest** in MA
- Rate of asthma and asthma-related hospitalizations 417.1 per 100,000 / **highest** in MA
- Public schools have been designated Level 4 Poor Performing Schools
- 20.3% of children (0- <3 years) are enrolled in EI / state average: 14.9%
- Teen (15-19 years) birth rate is 67.0 per 1,000 live births / **5th highest** in MA
- 51.8 per 1,000 children (0- <9 years) have been victims of substantiated child maltreatment / state average: 19.5 per 1,000

* Sources: Please see Appendix C

Worcester (10th)

Worcester, the largest city in this region, is also the second largest city in the state with a population of 179,839. Worcester is the hub of central Massachusetts with a number of prominent colleges and universities and a large ethnically diverse population. Although a culturally rich and vibrant community, the decline of the wire and machinery-based manufacturing, which once propelled Worcester's economy, has contributed to the high poverty rates and economic decline of Worcester.

Worcester is an ethnically diverse city:
- 33.3% of residents self identify as non-White / state average: 19.0%
- 41.3% of student's first language is not English (ESL) / state average: 15.6%
- 26.6% of students have limited English proficiency in school / **2nd highest** in MA
- 1,485 refugees/asylees have resettled in the city in the past five years / **highest** in the MA

Worcester has high levels of poverty:
- Per capita income is $18, 614 / state average: $25,952
- 17.9% of residents live below 100% FPL / state average: 9.3%
- 35.5% of children (0-11 years) are living in single parent households / state average: 21.6%

Health, education, and family well-being indicators are also poor:
- Infant mortality rate is 8.9 per 1,000 live births / state average of 4.9 per 1,000
- Substance use disorder admissions rate is 2713 per 100,000 individuals / state average:1621.6 per 100,000
- Public schools have been designated Level 4 Poor Performing Schools
- 66.1% of criminally incarcerated inmates are parents / state average: 54%
- Rate of substantiated child (0- <9 years) maltreatment reports is 37.7 per 1,000 / state average: 19.5 per 1,000
- Rate of violent crime is 969.8 per 100,000 individuals / state average of 449 per 100,000

Fitchburg (18th)

Fitchburg is a medium-sized city along the New Hampshire border with a population of 40,514. Although not as ethnically diverse as its southern neighbor Worcester, 27.6% of residents self identify as non-White in Fitchburg, and the city shares similarly high rates of poverty and poor health outcomes.

Fitchburg has high levels of poverty and socio-economic instability:
- Per capita income is $17,256 / state average: $25,952
- 15% of residents live below 100% FPL / state average 9.3%
- 51.9% of women giving birth receive publically financed health care / state average of 33.1%
- 34.4% of children (0-11 years) are living in single parent households / state average of 21.6%

Many education and family well-being indicators are also poor:
- Public school districts have been designated Level 3 Poor Performing
- 6.1% of high school students (grade 9-12) drop out / state average: 2.9%
- 17.2% of children (0-<3 years) are enrolled in EI / state average: 14.0%
- 62.7% of criminally incarcerated inmates are parents / state average: 54%
- Rate of substantiated reports of child (0- <9 years) maltreatment 37.8 per 1,000 / state average of 19.5 per 1,000

Figure III.6 Outcome Indicators in selected Central Massachusetts Communities

	Fitchburg	Southbridge	Worcester	Statewide	Comments
Premature Birth[1] -% before 37 weeks	8.1	8.7	8.3	9.0	Reporting period: 2004-2008 aggregated
Low Birth Weight[2] -% live birth < 2500 grams	8.4	10.2	8.2	7.9	Reporting period: 2004-2008 aggregated
Infant Mortality[3] - infant death per 1,000 live births	5.8	9.5	8.9	4.9	Reporting period: 2004-2008 aggregated
Poverty - % below 100% FPL[4]	15.0	15.4	17.9	9.34	Reporting period: 2000 Census
Crime[5&6] -violent crime per 100,000 residents	0	473.8	969.8	449.0	Used violent crime per 100,000 vs. overall crime per 1,000, more pertinent to MA. Reporting period: 2008
Crime - # juvenile crime arrests	--	--	--	--	Data available at statewide level- See statewide section
Domestic Violence	10.3	8.7	3.5	5.5	Data available at statewide level- See statewide section
School Drop-out Rates[7] -% high school drop outs	6.1	5.2	5.1	2.9	Reporting period: 2008-2009 school year
Substance Abuse - prevalence rate: - binge alcohol past month - marijuana use past month - nonmedical use of	--	--	--	--	Data available at statewide level- See statewide section

	Fitchburg	Southbridge	Worcester	Statewide	Comments
prescription drugs past month - use of illicit drugs past month					
Unemployment[9] - % unemployed	8.0	8.1	8.6	8.0	Reporting period: may 2009-May 2010
Child Maltreatment[10] - Rate of substantiated reports per 100,000 (0- <9 years)	37.8	51.8	37.7	19.5	Unduplicated counts of children with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1 2009-May 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 91% Physical: 26% Sexual: 2%	Neglect: 91% Physical: 15% Sexual: 3%	Neglect: 90% Physical: 16% Sexual: 3%	Neglect: 92% Physical: 13% Sexual: 2%	Data Reflective of Northeast, Southeast, and Worcester Regional Offices (duplicate counts)

Northeast, Massachusetts

The Northeast region of Massachusetts is located in the upper northeast section of the state, bordered by New Hampshire to the north and the Atlantic Ocean to the east. The Northeast region of Massachusetts spans the range of small rural towns to large urban and ethnically diverse cities. The northeast region is known for its shipping and fishing ports, textile industry, and destination for many of the state's immigrants and refugees. Two cities, **Lawrence (4th) and Lowell (5th)**, rank within the top 18 at-risk Massachusetts communities.

Lawrence (4th)

Lawrence was one of the first industrial textile complexes in the country and has served as an entry point for immigrants since the late twentieth century. Still an ethnically diverse city with a population of 81,591, the decline of Lawrence's industrial power has contributed to the substantial poverty and socio-economic problems in the city today.

Lawrence is racially and ethnically diverse:
- 74.8% of residents self identify as non-White / **highest** in MA
- 79.1% of residents speak English as a second language / **2nd highest** in MA
- 46.2% of women giving birth are foreign-born / state average: 27.7%
- 23.1% of students have limited English proficiency / state average: 6.2%

Lawrence has high levels of poverty:
- Per capital income is $13,360 / state average: $25,952
- 24.3% of residents live below 100% FPL / **2nd highest** in MA
- 71.7% of women giving birth receive publically-financed health care / **3rd highest** in MA
- 46% of children (0-11 years) live in single parent households / state average: 21.6%.
- 6.3% children (0-11 years) are on the waitlist for subsidized childcare / **3rd highest** in MA
- 62.4% of criminally incarcerated inmates are parents /state average: 54%

Health, education, and family well-being indicators are also poor in Lawrence:
- Infant mortality rate is 6.7 per 1,000 live births / state average: 4.9 per 1,000
- 28.1% of children live with mothers who have less than a high school education / **4th highest** in MA
- Public schools have been designated Level 4 Poor Performing Schools
- 10.2% of 9th-12th grade students drop out / **2nd highest** in MA
- Teen (15-19 years) birth rate is 76.8 per 1,000 live births / **3rd highest** in MA

Lowell (5th)

Lowell, once home to a thriving textile industry, is the fourth largest city in Massachusetts with a population of 105,749. Similar to its neighboring city of Lawrence, Lowell has long been the first destination for many immigrants seeking opportunity in America. This is reflected in its large Hispanic and Asian populations:

- 42% of residents self identify as non-White / state average: 19.9%
- 530 refugees/asylees have settled in the city over the past five years / state total: 7,459
- 32.4% of students are considered to have limited English proficiency / **highest** in MA

Lowell has high levels of poverty:
- Per capita income in Lowell is $17,557 / state average: $25,952
- 16.8% of residents live below 100% FPL / state average: 9.3%
- 54.0% of women giving birth receive publically financed health care / state average of 33.1%
- 6.3% of children (0-11 years) are on the waitlist for subsidized childcare / **4th highest** in MA
- 35.7% of children (0-11years) are living in single parent households / state average: 21.6%

Health, education, and family well-being indicators are also poor in Lowell:
- Infant mortality rate is 6.1 per 1,000 live births / state average: 4.9 per 1,000
- Public school districts in Lowell are ranked as Level 4 Poor Performing Schools
- 22.5% of children (0- <3 years) are enrolled in EI / state average: 14.0%
- Rate of violent crime is 1059.6 reported offenses per 100,000 people / state average: 449.0 per 100,000
- 57.7% of criminally incarcerated inmates are parents / state average: 54%

Figure III.7 Outcome Indicators in selected Northeastern Massachusetts Communities

	Lawrence	Lowell	Statewide	Comments
Premature Birth[1] -% before 37 weeks)	9.5	8.9	9.0	Reporting period: 2004-2008 aggregated
Low Birth Weight[2] - % live birth less than 2500 grams	8.9	8.9	7.9	Reporting period: 2004-2008 aggregated
Infant Mortality[3] - infant deaths per 1,000 live births	6.7	6.1	4.9	Reporting period: 2004-2008 aggregated
Poverty -% below 100% FPL[4]	24.3	16.8	9.34	Reporting period: 2000 Census
Crime[5 & 6] - violent crimes per 100,000 residents	653.2	1059.6	449.0	Used violent crime per 100,000 vs. overall crime per 1,000, more pertinent to MA. Reporting period 2008
Crime - # juvenile crime arrests	--	--	--	Data available at statewide level only- See statewide section
Domestic Violence	10.2	9.8	5.5	Massachusetts used restraining orders as a proxy number. Data organized by District Courts. (Lowell & Lawrence District Courts
School Drop-out Rates[7] - % high school drop outs	10.2	4.4	2.9	Reporting period: 2008-2009 school year
Substance Abuse - prevalence rate: - binge alcohol past month - marijuana use past month - nonmedical use of prescription drugs past month - use of illicit drugs past month	--	--	--	Data available at statewide level only- See statewide section
Unemployment[9] - % unemployed	8.4	8.3	8.0	Reporting period: May 2009-May 2010
Child Maltreatment[10] - rate of substantiated reports per 1,000 (0- <9 years)	12.9	32.4	19.5	Unduplicated counts of children with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1 2009- May 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 82% Physical: 25% Sexual: 3%	Neglect: 90% Physical: 14% Sexual: 2%	Neglect: 92% Physical: 13% Sexual: 2%	Data Reflective of Lowell and Lawrence Regional Offices (duplicate counts)

The North Shore

The North Shore of Massachusetts is comprised of 24 cities and towns within the northern suburbs of Boston up along the Atlantic Coast. The North Shore has long been a hub for maritime activity and a destination for immigrants. Today, substantial socio-economic disparities exist in the communities of the North Shore. The North Shore cities and towns that rank within the top 18 at-risk Massachusetts communities are **Chelsea (3rd), Lynn (8th), Revere (14th), and Everett (16th).** All four communities are densely populated and ethnically diverse.

Chelsea (3rd)

Chelsea, with a population of 34,128, is a densely populated (only 1.8 square miles), ethnically diverse contiguous suburb of Boston. Once a bustling manufacturing city, today Chelsea has extremely high levels of poverty and poor health and education outcomes.

Chelsea is an ethnically diverse city:
- 69.3% of mothers are foreign-born / **highest** in MA
- 64.1% of Chelsea residents self identify as non-White / **2nd highest** in MA
- 84.4% of Chelsea residents speak English as a second language / **highest** in MA
- 496 refugees/asylees have resettled in Chelsea in the last five years / state total: 7,459

Chelsea has high levels of poverty:
- The per capita income is $14,628 / state average: $25,952
- 23.3% of residents live below 100% FPL / **4th highest** in MA
- 43.8% of infants are born to mothers who have less than a high school education / **highest** in MA
- 36.9% of children (0-11 years) live in single parent households / **2nd highest** in MA
- 72.4% of women giving birth receive publically-financed health care / **2nd highest** in MA

Health, education, and family well-being indicators are also poor in Chelsea:
- The teen birth rate is 81.2 live births per 1,000 females aged 15-19 years (**2nd highest** in MA)
- Infant mortality rate is 6.2 per 1,000 live births / state average: 4.9 per 1,000
- Public schools are designated Level 3 Poor Performing Schools
- 9.4% of high school students (grades 9-12) drop out / **5th highest** in MA
- Violent crime rate is 1732.2 per 100,000 / **highest** in MA
- 30.1 per 1,000 children (0- <9 years) are victims of substantiated reports of maltreatment / state average: 15.9 per 1,000

Lynn (8th)

With a population of 92,186 residents, the coastal city of Lynn is one of the largest cities on the North Shore. Lynn is a racially and ethnically diverse city. During the past ten years, the overall population of Lynn has increased by 10% with an increase of 32% in minority populations.

Lynn is an ethnically diverse city:
- 44.2% of residents self identify as non-White / state average: 19.0%
- 50.2% of mothers are foreign-born / state average: 27.7%

- 50.7% of Lynn residents speak English as a second language / **4th highest** in MA
- 25.9% of students in Lynn have limited English proficiency / **3rd highest** in MA
- 719 refugees/asylees have resettled in the city in the last five years / state total: 7,459

Lynn also has high levels of poverty:
- Per capita income is $17,492 / state average: $25,952
- 16.5% of residents live below 100% FPL / state average: 9.3%
- 64.1% of women giving birth receive publically-financed health care / state average: 33.1%
- 35.4% of children (0-11 years) live in single parent households / state average: 21.6%
- 27.9% of infants are born to mothers who have less than a high school education / **5th highest** in MA

Health, education, and family well-being indicators are also poor in Lynn:
- The substance use disorder admissions rate is 2800.9 per 100,000 individuals / state average: 1621.6 per 100,000
- Public schools are designated Level 4 Poor Performing Schools
- The violent crime rate is 906.2 per 100,000 persons / state average 449 per 100,000.

Revere (14th)
Revere, home to Revere Beach, the first public beach in the United States, is a highly developed and densely populated suburb of Boston with a population of 45,551. Revere is a diverse city, having been a popular destination for immigrants since the late 19th century. Today, 63.3% of women giving birth in Revere are foreign-born, the fourth highest percentage in Massachusetts.

Revere has high levels of poverty:
- Per capita income is $19,696 / state average: $25,952
- 14.6% of residents live below 100% FPL / state average: 9.3%
- 8.5% of residents are unemployed / state average: 4.6%
- 57.5% of women giving birth receive publically-financed health care / state average: 33.1%
- 8.5% of children (0-<11 years) are on the waitlist for subsidized childcare / **highest** in MA

Health, education, and family well-being indicators are also poor in Revere:
- The infant (0-1 year) mortality rate is 7.9 per 1,000 live births / state average: 4.9 per 1,000
- The substance use disorder admissions rate is 2788.1 per 100,000 persons / state average: 1621.6 per 100,000
- Public schools are designated Level 3 Poor Performing Schools

Everett (16th)
Everett, a smaller city with 37,100 residents, has a predominantly industrial and commercial-based economy and has continually been a gateway destination for immigrants on the east coast. The following statistics highlight Everett's racial and ethnic diversity.

Revere is an ethnically diverse city:
- 23.8% of residents self identify as non-White / state average: 19.0%
- 66.9% of women giving birth in Everett are foreign born / **2nd highest** in MA

Also similar to its neighbors, Everett has high levels of poverty:
- Per capita income is $19,845 / state average: $25,952
- 11.8% of residents live below 100% FPL / state average: 9.3%
- 25.7% of infants are born to mothers who have less than a high school education/ state average: 10.6%
- 62.2% of mothers giving birth are receiving publically-financed health care / **6th highest** in MA
- 9.1% of residents are unemployed / **9th highest** in MA

Education and family well-being indicators are also poor in Everett:
- Public schools are designated Level 3 Poor Performing Schools
- 15.5% of children aged (0- <3 years) are enrolled in EI / state average: 14.0%

Figure III.8 Outcome Indicators in selected North Shore Communities

	Chelsea	Everett	Lynn	Revere	Statewide	Comments
Premature Birth[1] -% before 37 weeks	8.7	7.9	9.1	9.1	9.0	Reporting period: 2004-2008 aggregated
Low Birth Weight[2] -% live birth <2500 grams	8.5	7.7	8.3	8.9	7.9	Reporting period: 2004-2008 aggregated
Infant Mortality[3] - infant death per 1,000 live births	6.2	3.9	5.2	7.9	4.9	Reporting period: 2004-2008 aggregated
Poverty - % below 100% FPL[4]	23.3	11.8	16.5	14.6	9.34	Reporting period: 2000 Census
Crime[5& 6] -violent crime per 100,000 residents	1732.2	505.7	906.2	419.9	449.0	Used violent crime per 100,000 vs. overall crime per 1000, more pertinent to MA. Reporting period: 2008
Crime - # juvenile crime arrests	--	--	--	--	--	Data available at statewide level only- See statewide section
Domestic Violence	9.7	6.7	9.3	9.7	5.5	Massachusetts used restraining orders as a proxy number. Data organized by District Courts. (Lynn District Court, Malden District Court (Everett), & Chelsea District Courts (Chelsea & Revere)
School Drop-out Rates[7] -% high school drop outs	9.4	3.8	6.1	5.2	2.9	Reporting period: 2008-2009 school year
Substance Abuse -prevalence rate: - binge alcohol past month -marijuana use past month -nonmedical use of prescription drugs past month -use of illicit drugs past month	--	--	--	--	--	Data available at statewide level only- See statewide section
Unemployment[9] - % unemployed	7.8	9.1	7.6	8.5	8.5	Reporting period: May 2009-May 2010

	Chelsea	Everett	Lynn	Revere	Statewide	Comments
Child Maltreatment[10] - Rate of supported investigations per 1,000	30.1	25.4	29.0	16.9	19.5	Unduplicated counts of children with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1 2009-May 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 95% Physical :8 % Sexual: 1%	Neglect: 93% Physical : 16% Sexual: 3%	Neglect: 92% Physical : 14% Sexual: 2%	Neglect: 95% Physical :8 % Sexual: 1%	Neglect: 92% Physical: 13% Sexual: 2%	Data Reflective of Coastal, Lynn, and Malden Regional Offices (duplicate counts)

Southeast Massachusetts

The Southeast region of Massachusetts is comprised of 69 cities and towns bordering the Atlantic coast and Rhode Island. Like the rest of the state, the southeastern region has a rich cultural heritage and ethnic diversity, predominantly known for its high percentage of residents of Portuguese descent. The three cities that rank within the top 18 at-risk communities of Massachusetts include **New Bedford (6th), Fall River (7th), and Brockton (11th).**

New Bedford (6th)

The city of New Bedford is the seventh largest city in the state with a population of 93,768. During the 19th century, New Bedford was one of the most important whaling ports in the world and was nicknamed "The Whaling City." The whaling industry attracted many immigrants and today New Bedford still has a diverse ethnic population. Today 22.7% of New Bedford residents identify as non-White.

New Bedford has high rates of poverty:
- Per capita income is $15,602 / state average: $25,952
- 20.2% of residents live below 100% FPL / state average: 9.3%
- 56.6% of women giving birth receive publically-financed health care / state average: 33.1%
- 43.2% of children (ages 0-<11 years) lived in single parent homes / state average: 21.6%
- 26.6% of infants are born to mothers who have less than a high school education / state average: 10.6%

Health, education, and family well-being indicators are also poor:
- Rate of asthma and asthma-related hospitalizations is 327.0 per 100,000 people / **3rd highest** in MA
- The teen birth rate was 64.1 live births per 1,000 females aged 15-19 years (**6th highest** in MA)
- 10.1% of infants are born low birth weight / state average: 7.9%
- Infant (0 -1 year) mortality rate is 7.4 per 1,000 live births/ state average: 4.9 per 1,000
- 41.8% of women giving birth do not intend to breastfeed upon discharge / state average: 20.0%
- 25.7% of women receive less than adequate prenatal care / state average: 16.5%
- Public schools are designated Level 4 Poor Performing Schools

- 17.3% of children (0- <3 years) are enrolled in Early Intervention / state average: 14.0%
- 8.4% of high school students drop out (grades 9-12) / state average: 2.9%
- Violent crime rate is 1302.0 reported offenses per 100,000 people / **2nd highest** in MA
- 64.4% of criminally incarcerated inmates are parents / state average: 54%
- 64.5 children (0- <9 years) per 1,000 are victims of substantiated maltreatment / **4th highest** in MA

Fall River (7th)

Fall River, the leading textile manufacturing center in the United States during the 19th century, fell prey to the Great Depression and the subsequent decline in industry during the 20th century. Although the city today retains its deep cultural heritage, it is plagued by high levels of poverty and poor education and health outcomes. Today Fall River has a population of 92,117 of which 11.9% self identify as non-White.

Fall River has high rates of poverty:
- Per capita income is $16,118 / state average: $25,952
- 17.1% of residents lived below 100% FPL / state average: 9.3%
- 41.3% of children (0-11 years) live in single parent households / state average: 21.6%

Health, education, and family well-being indicators are also poor:
- Infant (0– 1 year) mortality rate is 7.6 deaths per 1,000 live births / state average: 4.9 per 1,000
- 19.4% of mothers report smoking during pregnancy / state average: 7.3%
- 50.5% of women do not intend to breastfeed upon discharge / state average: 20.0%
- Rate of asthma and asthma-related hospitalizations is 355.0 per 100,000 / **2nd highest** in MA
- Substance use disorder admission rate is 4023.2 per 100,000 individuals / **3rd highest** in MA
- Public schools are designated Level 4 Poor Performing Schools
- 6.2% of high school (grade 9-12) students drop out / state average: 2.9%
- 14.3% of children (0-<3 years) are enrolled in Early Intervention / **4th highest** in MA
- 25.3% of infants are born to mothers who have less than a high school education / state average: 10.6%
- Violent crime rate is 1198.8 reported offenses per 100,000 / **4th highest** in MA
- 44.6 children (0- <9 years) per 1,000 are victims of substantiated child maltreatment / state average of 19.5 per 1,000
- 63.3% of criminally incarcerated inmates are parents / state average: 54%

Brockton (11th)

Brockton is a major urban community 20 miles south of Boston. Similar to its southeastern neighbors, Brockton had and continues to have a strong ethnic identity. Today 43.6% of the 100,366 residents self identify as non-White and 46.0% of women giving birth in the city are foreign-born, compared to the state average of 27.7%

Until the 1950's Brockton was an industrial center for shoe manufacturing, today, however, poverty is pervasive in the city:
- Per capita income is $17,163 / state average: $25,952

- 14.5% of residents lived below 100% FPL / state average: 9.3%
- 36.2% of children (0- 11 years) live in single parent households / state average: 21.6%
- 61.0% of women giving birth receive publically financed health care / state average: 33.1%
- 57.6% of criminally sentenced inmates are parents / state average: 54%
.

With respect to health and education outcomes Brockton has some poor indicators:

- 25.1% of mothers receive less than adequate prenatal care / state average: 16.5%
- 11.5% of infants are born premature / state average: 9.0%
- 10.6% of infants are born low birth weight / state average of 7.9%
- Infant mortality rate is 8.5 deaths per 1,000 live births / state average: 4.9 per 1,000
- The asthma-related hospitalization rate was 311.9 per 100,000 individuals / **5th highest** in MA
- Public schools are designated Level 3 Poor Performing Schools
- 18.4% of children (0-3 years) are enrolled in EI services / state average: 14.0%

Figure III.9 Outcome Indicators in selected Southeaster Massachusetts Communities

	Brockton	Fall River	New Bedford	Statewide	Comments
Premature Birth[1] -% before 37 weeks	11.5	8.3	9.7	9.0	Reporting period: 2004-2008 aggregated
Low Birth Weight[2] -% live birth < 2500 grams	10.6	8.9	10.1	7.9	Reporting period: 2004-2008 aggregated
Infant Mortality[3] - infant death per 1,000 live births	8.5	7.6	7.4	4.9	Reporting period: 2004-2008 aggregated
Poverty (- % below 100% FPL[4]	14.5	17.1	20.2	9.34	Reporting period: 2000 Census
Crime[5& 6] -violent crime per 100,000 residents	--	1198.8	1302.0	449.0	Used violent crime per 100,000 vs. overall crime per 1000, more pertinent to MA. Reporting period: 2008
Crime - # juvenile crime arrests	--	--	--	--	Data available at statewide level only- See statewide section
Domestic Violence	6.9	10.4	8.6	5.5	Massachusetts used restraining orders as a proxy number. Data organized by District Courts. (Brockton, Fall River, & New Bedford District Courts)
School Drop-out Rates[7] -% high school drop outs	5.4	6.2	8.4	2.9	Reporting period: 2008-2009 school year
Substance Abuse - prevalence rate: - binge alcohol past month - marijuana use past month - nonmedical use of prescription drugs past month - use of illicit drugs past month	--	--	--	--	Data available at statewide level only- See statewide section

	Brockton	Fall River	New Bedford	Statewide	Comments
Unemployment[9] - % unemployed	7.7	8.9	8.4	8.5	Reporting period: May 2009- May 2010
Child Maltreatment[10] - Rate of substantiated reports per 1,000 (0- <9 years)	32.7	44.6	64.5	19.5	Unduplicated counts of children with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1 2009-May 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 91% Physical: 14% Sexual: 2%	Neglect: 93% Physical: 11% Sexual: 3%	Neglect: 94% Physical: 10% Sexual: 2%	Neglect: 92% Physical: 13% Sexual: 2%	Data reflective of New Bedford, Fall River, and Brockton Regional Offices (duplicate counts)

Boston

Boston, the largest city in New England and the capital of Massachusetts, is located in eastern Massachusetts bordered by the Atlantic Ocean. Boston is home to many institutions of higher education, some of the world's finest in-patient hospitals and research facilities, and has an extensive public transportation system. **Boston** ranks **12th** out of the top 18 at-risk Massachusetts communities.

Boston (12th)

Boston is a modern densely populated urban city of 558,436 people. Boston is comprised of many different neighborhoods that are made up of diverse populations and languages with immigrants from every corner of the globe.

Boston is an ethnically diverse city:
- 50.1% of residents self- identified as non-White / state average: 19.0%
- 38.8% of students speak English as a second language / state average: 15.6%
- 20.4% of the students had limited English proficiency / state average: 6.2%
- 771 refugees/asylees have resettled in Boston in the last five years / **3rd highest** in MA

Although the per capita income ($23,353) is close to the state average of $25,952, the city has high percentages of poverty for both individuals and families:
- 19.5% of Boston residents live below 100% FPL / state average: 9.3%
- 40.1% of children (0- 11 years) live in a single parent household / state average: 21.6%
- 46.1% of women giving birth receive publically-funded health care: state average: 33.1%

Socio-economic concerns are also reflected in the city's education, health, and family well-being statistics:
- Rate of asthma and asthma-related hospitalizations is 307.1 per 100,000 individuals / state average: 158.5 per 100,000

- Substance use disorder admission rate is 3339.2 per 100,000 persons / state average: 1621.6 per 100,000
- Public school district are designated Level 4 for Poor Performing Schools
- 7.3% of high school students (grade 9-12) drop out / state average: 2.9%
- Violent crime rate is 1104.4 reported offenses per 100,000 people / **6th highest** in MA
- 57.6% of criminally incarcerated inmates are parents / state average: 54%

Figure III.10 Outcome Indicators in Boston

	Boston	Statewide	Comments
Premature Birth[1] -% before 37 weeks	10.2	9.0	Reporting period: 2004-2008 aggregated
Low Birth Weight[2] - % live birth less than 2500 grams	9.3	7.9	Reporting period: 2004-2008 aggregated
Infant Mortality[3] - infant deaths per 1,000 live births	6.1	4.9	Reporting period: 2004-2008 aggregated
Poverty -% below 100% FPL[4]	19.5	9.34	Reporting period: 2000 Census
Crime[5 & 6] - violent crimes per 100,000 residents	1104.4	449.0	Used violent crime per 100,000 vs. overall crime per 1000, more pertinent to MA. Reporting period: 2008
Crime - # juvenile crime arrests	--	--	Data available at statewide level only- See statewide section
Domestic Violence	3.4	5.5	Massachusetts used restraining orders as a proxy number. Data organized by District Courts. (East Boston, South Boston, Dorchester, Roxbury, West Roxbury, Charlestown, Brighton, & Suffolk Municipal Courts
School Drop-out Rates[7] - % high school drop outs	7.3	2.9	Reporting period: 2008-2009 school year
Substance Abuse - prevalence rate: - binge alcohol past month - marijuana use past month - nonmedical use of prescription drugs past month - use of illicit drugs past month	--	--	Data available at statewide level only- See statewide section
Unemployment[9] - % unemployed	8.1	8.5	Reporting period: May 2009- May 2010
Child Maltreatment[10] - rate of substantiated reports per 100,000 (0 -<9 years)	22.9	19.5	Unduplicated counts of children with supported investigations added to unduplicated counts of assessed children with concerned findings. Reporting period: June 1 2009-may 31, 2010
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 86% Physical: 19% Sexual: 2%	Neglect: 92% Physical: 13% Sexual: 2%	Duplicate counts